



ACR REPORT

ACR Year -

1. Personal Detail

Name	-	Employee Code	-
DOB	-	Gender	-
Designation	-	Subject	-
College	-	DOJ at Present Posting	-
Previous College	-	DOJ in Service	-
PhD/M.Phill	-	Family ID	-
Subject	-		

2. Teaching Performance

S No	Session	Exam / Class	Subject Taught	Student Appeared	Student Passed	College Pass Percentage	University Pass Percentage	Difference

Item

Self Appraisal Filled by Official

Teaching Performance & Responsibility of the Assistant/Associate Professor in case of lower percentage than the pass percentage of the University Result.

3. Academic Competency/Teaching Methodology

a) Whether Subject Course were completed on time

b) Use of ITC Resources, tools and technologies viz. smart class, LMS, e-content

c) Use of books/materials other than textbooks

d) Outstanding contribution/good practice, If Any



4. Factors which hindered your performance	
5. Professional Progress	
a) Higher qualification acquired, If Any	
b) Contribution to research, If Any	
c) Publications, If Any Papers	
d) Completed online course related to subject taught, If Any	
e) Participated in seminar/workshops, training	
f) Awards, If Any	
6. Contribution to College life	



Directorate of Higher Education | उच्चतर शिक्षा निदेशालय

Office: Shiksha Sadan, Sector – 5 Panchkula (Haryana) | **Tel:** 0172-2565530

कार्यालय: शिक्षा सदन, सेक्टर – 5, पंचकुला (हरियाणा) | **दूरभाष:** 0172-2565530



a) Participation in various committees	
b) Extra-Curricular activities	
c) Remedial and extra classes for weaker students	
d) Any other achievements	
Other Details	
7. Whether given any private Tuitions/Coaching	
8. Whether he/she stays at HQ after college houses and during the holidays	
9. Whether Courses for academic year were completed	
10. Have you done Annual Medical Checkup	
a). Date of Medical Checkup	
b). Hospital Name	
11. Property Return Date	
12. Any other plus point not mentioned above	
13. No. of Working Days spent in College	
a) For Admission	
b) For Teaching	
c) For Evaluation	
d) For Invigilation/Examination	
e) For Career Activities - Specify	
f) Total Working Days	

Digitally Signed By:



Government of Haryana | हरियाणा सरकार

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Report Generated from Online ACR portal

GOVERNMENT OF HARYANA FORM OF ‘ANNUAL CONFIDENTIAL REPORT’ (For Clerks and other posts of similar nature in Group ‘C’)

Department of Economic & Statistical Analysis Haryana, Panchkula

Office/Branch/Section : _____

Period under Report : _____

Part-I

- 1. Name of the employee : _____
- 2. Father’s Name : _____
- 3. Designation of the post held : _____

Reporting Authority _____	Reviewing Authority _____	Accepting Authority _____
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Part-II

Important Notes : 1. Before writing the Annual Confidential Report, the Reporting/Reviewing/ Accepting Authorities should read carefully the instructions given in the end of the form

2. Unless otherwise specified to the contrary, the Reporting Authority should make use of one of the gradings, i.e. ‘Outstanding’, ‘Very Good’, ‘Good’, ‘Average’, ‘Below Average’ in the box-blocks provided against each column.

1. Brief of duties assigned

2. State of Health

3. Conduct and Character

4. Punctuality and Regularity in attendance

5. Ability to get along and behavior with

(a) Superior Officers

(a) _____

(b) Colleagues

(b) _____

(c) Public

(c) _____
6. Amenability to Discipline

7. Devotion to duty and hardworking

8. General Intelligence and keenness to learn

9. Knowledge about Department , Branch and Office procedure

10. Proficiency in use of State Language ‘Hindi’ in his day official work.

_____ to day
11. Whether the employee stays at his Headquarters after closing of office and during holidays ?

12. Proficiency and accuracy in _____ typing
13. Proficiency in work of maintenance
Of Registers, Files and other record _____
14. Initiative and willingness o perform
Any job of responsibility _____
15. Assessment of Integrity:
Has any things come to your notice which
Reflect adversely on the official's integrity
or his ability to honestly execute his duties?
Reply in 'Yes' or 'No' _____
- If yes please give details.
16. Whether there are any 'adverse remarks _____ on
the work and conduct of the
employee? Reply in 'Yes' or 'No'
- If yes please give details.
17. Has the official done any outstanding
or notable work meriting? _____
Reply in 'Yes' or 'No'
- If yes please give details.
18. Suitability for promotion or
Higher Scale of pay _____
19. "Whether the officer/official delivers the _____
services or dispose of the case in a given
time frame ? (Reply in 'Yes' or 'No')
20. Overall Grading based on the _____
Assessment made from
Sr.No. 2 to 13

Signature of the Reporting Authority

Name in block letters : _____

Designation : _____

Date :

.....3...

REMARKS OF THE REVIEWING AUTHORITY

(Tick one of these three items
(a), (b) & (c) and strike out the
remaining two).

- (a) I endorse the above remarks.
- (b) I generally agree with the above views
subject to the following observations.
- (c) I do not agree with the above remarks
in column : _____
Signature of the Reviewing Authority
Name in block letters : _____
Designation : _____
Date :

Remarks, if any, or countersignatures of the Accepting Authority.

Signature of the Accepting Authority
Name in block letters : _____
Designation : _____
Date :

IMPORTANT INSTRUCTIONS FOR FILLING IN THE FORM

1. The following prescribed time Schedule for writing Annual Confidential Report may strictly be adhered to:
(a) The Reporting Authority must write the report before 15th April; (b)
The Reviewing Authority must record its comments before 30th April; and
(c) The Accepting Authority must record its acceptance before 15th May.
2. The Reporting Authority should use the prescribed terminology for each item and write one of the choice in the box-block mentioned against these items.
3. The Reporting Officer should record ‘adverse remarks’ if any, in column at Sr. No. 17 and nothing be written alongwith the box-block meant for Grading only.
4. While recording remarks ‘Integrity’ in column at Sr. No. 16, instructions contained in para 4, of Consolidating instructions on confidential reports, read with instructions No. 61-20-85-S(I), dated 12.12.85 must be gone through carefully.
5. The Reporting Officer should make a mention of any defects noted and any punishment inflicted on the employee or written warning(s) issued to him during the period under report to give any correct picture of his work and conduct.
6. The Report should be a true and objective assessment of the employee’s ability and character as reflected in his day to day official work during the period under repot.
7. Signatures in full alongwith date be put up by the Reporting/Reviewing/Accepting Authorities.

FORM OF ‘ANNUAL CONFIDENTIAL REPORT’ (For the Common Cadre Group ‘D’ posts)

Department of Economic & Statistical Analysis Haryana, Panchkula

Office/Branch/Sections : _____

Period under Report : _____

Part-I

- 1. Name of the employee : _____
- 2. Father’s Name : _____
- 3. Designation of the post held : _____

Reporting Authority _____	Reviewing Authority _____	Accepting Authority _____
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Part-II

Important Notes : 1. Before writing the Annual Confidential Report, the Reporting/Reviewing/ Accepting Authorities should read carefully the instructions given in the end of this form

2. Unless otherwise specified to the contrary, the Reporting Authority should make use of one of the gradings, i.e. ‘Outstanding’, ‘Very Good’, ‘Good’, ‘Average’, ‘Below Average’ in the box-blocks provided against each column.

-
- 1. State of Health _____
 - 2. Conduct and Character _____
 - 3. Punctuality and Regularity in attendance _____
 - 4. Amenability to Discipline _____
 - 5. Devotion to duty and hardworking _____
 - 6. Behaviour & Obedience _____
(a) Attitude of the Officer/ Official towards other castes and Communities. _____
 - 7. Intelligence and fitness to do the assigned tasks. _____
 - 8. Whether employee stays at his Head-Quarters after closing of office and _____ during holidays?
Reply in ‘Yes’ or ‘No’ _____
 - 9. Assessment of Integrity : _____
 - 10. Adverse remarks on work performance and conduct, if nay. Reply in ‘Yes’ or ‘No’ _____

Name & Designation of the official _____

11. Suitability for promotion or
Higher scale of pay (use term 'Fit'
or 'Not
yet Fit' or 'Not Fit')

12. "Whether the officer/official delivers the
services or dispose of the case in a given
time frame ? (Reply in 'Yes' or 'No')

13. Overall Grading based on the assess-
ment made from Sr.No. 2 to 10 above.

Signature of the Reporting Authority

Name in block letters : _____

Designation : _____

Date : _____

**REMARKS, IF ANY, OR COUNTERSIGNATURES OF THE REVIEWING/ACCEPTING
AUTHORITY**

Signature of the Reviewing /Accepting Authority

Name in block letters : _____

Designation : _____

Date : _____

IMPORTANT INSTRUCTIONS FOR FILLING IN THE FORM

1. The following prescribed time Schedule for writing Annual Confidential Report may strictly be adhered to:
 - (a) The Reporting Authority must write the report before 15th April;
 - (b) The Reviewing Authority must record its comments before 30th April; and (c)
The Accepting Authority must record its acceptance before 15th May.
2. The Reporting Authority should use the prescribed terminology for each item and write one of the choices in the box-block mentioned against these items.
3. The Reporting Officer should record 'Adverse Remarks' if any, in column at Sr. No. 17 and nothing be written alongwith the box-block meant for Grading only.
4. While recording remarks on 'Integrity' in column at Sr.No. 9, instructions contained in para 4, of 'Consolidated' instructions on confidential reports, read with instructions No. 61/20/85-S(I) dated 12.12.85, must be gone through carefully.
5. The Reporting Officer should make a mention of any defects noted and any punishments inflicted on the employee or written warning(s) issued to him during the period under report to give a correct picture of his work and conduct.

- 6. The Report should be a true and objective assessment of the employee’s ability and character as reflected in his day to day official work during the period under Repot.
- 7. Signatures in full alongwith date be put up by the Reporting/Reviewing/Accepting Authorities.

GOVERNMENT OF HARYANA

FORM OF ‘ANNUAL CONFIDENTIAL REPORT’ (For Assistants and other posts of similar nature in Group ‘C’)

Department of Economic and Statistical Analysis, Haryana

Office/Branch/Section : _____

Period under Report : _____

Part-I

- 1. Name of the employee : _____
- 2. Father’s Name : _____
- 3. Designation of the post held : _____

Reporting Authority _____	Reviewing Authority _____	Accepting Authority _____
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Part-II

Important Notes : 1. Before writing the Annual Confidential Report, the Reporting/Reviewing/ Accepting Authorities should read carefully the instructions given in the end of the form

2. Unless otherwise specified to the contrary, the Reporting Authority should make use of one of the gradings, i.e. ‘Outstanding’, ‘Very Good’, ‘Good’, ‘Average’, ‘Below Average’ in the box-blocks provided against each column.

- | | | |
|----|--|----------------------|
| 1. | Brief of duties assigned | _____ |
| 2. | State of Health | _____ |
| 3. | Conduct and Character | _____ |
| 4. | Punctuality and Regularity in attendance | _____ |
| 5. | Ability to get along and behaviour with | _____ |
| | (a) Superior Officers | (a) _____ |
| | (b) Colleagues | (b) _____ |
| | | (c) Public (c) _____ |
| | | _____ |
| 6. | Amenability to Discipline | _____ |
| 7. | Devotion to duty and hardworking | _____ |
| 8. | General Intelligence and keenness to learn | _____ |
| 9. | Knowledge about Department, | _____ |

-2-

Name & Designation of the official _____

10. Proficiency in use of State Language ‘Hindi’ in his day _____ to day official work.
11. Whether the employee stays at _____ his Headquarters after closing _____ of office and during holidays ? Reply in ‘Yes’ or ‘No’.
12. Promptness and Accuracy in _____ disposal of work _____
13. Knowledge of Rules, Regulations and Instructions in general and with _____ particular reference to the work allotted to him.
14. Quality of work
(Delete the sub-clause(s) which is/are not related to his work).
- (a) Ability to apply the relevant Rules and Regulations correctly (a) _____
- (b) Capacity for examining cases thoroughly and comprehensiveness (b) _____
- (c) Quality of Noting & Drafting (c) _____
- (d) Proficiency in case handling (d) _____ (e) _____
- Proficiency in Store Management (e) _____
- (f) Proficiency in Accounts Matt ers (f) _____
15. Organisation of work :
- (a) Retrieval of papers/information references (a) _____
- (b) Keeping the work place tidy and the record systematic (b) _____
16. Assessment of Integrity :
Has anything come to your notice which reflect adversely on the _____ official’s integrity or his ability to honestly execute his duties ? Reply in ‘Yes’ or ‘No’.
If ‘Yes’, please give details. _____
17. Whether there are any ‘adverse remarks’ on the work and conduct _____ of the employee ?
Reply in ‘Yes’ or ‘No’.
If ‘Yes’, please give details. _____
18. Has the official done any outstanding _____ or notable work meriting ?
Reply in ‘Yes’ or ‘No’.
If ‘Yes’, please give details. _____

19. Suitability for promotion or Higher _____
scale of pay (use term 'Fit' or "Not yet Fit' or 'Not Fit')

.....3

-3-

Name & Designation of the official _____

20. "Whether the officer/official delivers the _____
services or dispose of the case in a given
time frame ? (Reply in 'Yes' or 'No')

21. Overall Grading based on the assessment _____ made from Sr.No. 2 to 18 above.

Signature of the Reporting Authority

Name in block letters : _____

Designation : _____

Date :

REMARKS OF THE REVIEWING AUTHORITY

(Tick one of these three items

(a) I endorse the above remarks.

(a), (b) & (c) and strike out the

remaining two).

(b) I generally agree with the above views
subject to the following observations.

(c) I do not agree with the above remarks
in column : _____

Signature of the Reviewing Authority

Name in block letters : _____

Designation : _____

Date :

Remarks, if any, or countersignatures of the Accepting Authority.

Signature of the Accepting Authority

Name in block letters : _____

Designation : _____

Date :

IMPORTANT INSTRUCTIONS FOR FILLING IN THE FORM

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The Reviewing Authority must record its comments before 30th April; and
 - The Accepting Authority must record its acceptance before 15th May.
- The Reporting Authority should use the prescribed terminology for each item and write one of the choice in the box-block mentioned against these items.
- The Reporting Officer should record 'adverse remarks' if any, in column at Sr. No. 17 and nothing be written alongwith the box-block meant for Grading only.
- While recording remarks 'Integrity' in column at Sr. No. 16, instructions contained in para 4, of Consolidating instructions on confidential reports, read with instructions No. 61-20-85S(I), dated 12.12.85 must be gone through carefully.
- The Reporting Officer should make a mention of any defects noted and any punishment inflicted on the employee or written warning(s) issued to him during the period under report to give any correct picture of his work and conduct.
- The Report should be a true and objective assessment of the employee's ability and character as reflected in his day to day official work during the period under report.

7. Signatures in full alongwith date be put up by the Reporting/Reviewing/Accepting Authorities.

GOVERNMENT OF HARYANA

FORM OF ‘ANNUAL CONFIDENTIAL REPORT’ (For Steno-typists Junior Scale Stenographer and Senior Scale Stenographers/P.As)

Department of Economic & Statistical Analysis Haryana, Panchkula

Office/Branch/Section : _____

Period under Report : _____

Part-I

4. Name of the employee : _____

5. Father’s Name : _____

6. Designation of the post held : _____

Reporting Authority _____ Reviewing Authority _____ Accepting Authority _____

Part-II

Important Notes : 1. Before writing the Annual Confidential Report, the Reporting/Reviewing/Accepting Authorities should read carefully the instructions given in the end of the form

2. Unless otherwise specified to the contrary, the Reporting Authority should make use of one of the gradings, i.e. ‘Outstanding’, ‘Very Good’, ‘Good’, ‘Average’, ‘Below Average’ in the box-blocks provided against each column.

1.	State of Health	
2	Conduct and Character	
3	Punctuality and Regularity in attendance	
4	Ability to get along and behaviour with	
	(a) Superior Officers	(a)
	(b)Colleagues	(b)
	(c) Public	(c)
5	Amenability of Discipline	

6	Devotion to duty and Hardworking	
7	General Intelligence and keenness to learn	
8	Knowledge about Department, Branch and Office procedure	
9	Proficiency in use of State Language Hindi in his day to day official work.	

.....2

-2-

Name & Designation of the official _____

10	Whether employee stays at his Headquarters after closing of office and during holidays? Reply in 'Yes' or 'No'	
11	Proficiency in Stenography and typing	
12	Maintenance of engagement diary and timely submission of necessary papers for meetings, interviews etc.	
13	Trust worthiness in handling secret and top secret matters and papers	
14	Handling of Dak, Files, record and management and his office	
15	Handling telephones, visitors, tour programmes and engagements etc.	
16	Assistance provided in making his officer more effective (checking on details) follow ups feed back progress etc.	
17	Assessment of Integrity. Has anything come to your notice which reflect adversely on the official's integrity or his ability to honestly execute his duties? Reply in 'Yes' or 'No'. If 'Yes', please give details	
18	Whether there are any 'adverse remarks' on the work and conduct of the employee? Reply in 'Yes' or 'No'. If 'Yes', please give details.	

19	Has the official done any outstanding or notable work meriting? Reply in ‘Yes’ or ‘No’. If ‘Yes’, please give details.	
20	Suitability for promotion or Higher scale of pay (use term ‘Fit’ or “Not yet ‘Fit’ or ‘Not yet Fit’ or ‘Not fit’)	
21	Whether the official delivers the services or dispose of the case in a given time frame? (Reply in ‘Yes” or “No”.)	
22	Overall Grading based on the assessment made from Sr. No. 2 to 19 above.	

Signature of the Reporting Authority

Name in block letters : _____

Designation : _____

Date :

.....3

-3-

Name & Designation of the official _____

REMARKS OF THE REVIEWING AUTHORITY

(Tick one of these three items

(a), (b) & (c) and strike out the

remaining two).

(a) I endorse the above remarks.

(b) I generally agree with the above views
subject to the following observations.

(c) I do not agree with the above remarks
in columns : _____

Signature of the Reviewing Authority

Name in block letters : _____

Designation : _____

Date :

REMARKS, IF ANY, OR COUNTERSIGNATURES OF THE ACCEPTING AUTHORITY.

Signature of the Accepting Authority

Name in block letters : _____

Designation : _____

Date :

IMPORTANT INSTRUCTIONS FOR FILLING IN THE FORM

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 4. While recording remarks 'Integrity' in column at Sr.No. 16, instructions contained in para 4, of Consolidating instructions on confidential reports, read with instructions No. 61-20-85-S(I), dated 12.12.85 must be gone through carefully.
 5. The Reporting Officer should make a mention of any defects noted and any punishment inflicted on the employee or written warning(s) issued to him during the period under report to give any correct picture of his work and conduct.
 6. The Report should be a true and objective assessment of the employee's ability and character as reflected in his day to day official work during the period under repot.
 7. Signatures in full alongwith date be put up by the Reporting/Reviewing/Accepting Authorities.

Department of Higher Education, Haryana
Annual Confidential Report- Self Appraisal
Health Check Up Parameters

Name:

Age:

Gender: M/F

Date:

A. Investigations Reports

1. Haemogram

- i. Haemoglobin
- ii. TLC
- iii. DLC
- iv. Peripheral Smear

2. Blood Sugar

- i. Fasting
- ii. Post-Prandial

3. Lipid Profile

- i. Total Cholesterol
- ii. HDL Cholesterol
- iii. LDL Cholesterol
- iv. VLDL Cholesterol
- v. Triglycerides

4. Liver Function Tests

- i. S. Bilirubin (Total)
- ii. S. Bilirubin (Direct)
- iii. SGOT
- iv. SGPT

5. Kidney Function Tests

- i. Blood Urea
- ii. S. Creatinine

iii. S. Uric Acid

6. Vitamin D Test

7. Blood Pressure level

B. Medical Report of the Officer

1.	Haemoglobin level of the officer	Normal/Low
2.	Blood Sugar Level	Satisfactory/Normal/High/Low
3.	Cholesterol level of the officer	Normal/High/Low
4.	Liver Functioning	Satisfactory/Normal/Dysfunctioning
5.	Kidney Status	Normal/Both-one kidney not functional optimally
6.	Blood Pressure	Normal/High/Low

Authorized Signatory
(Civil/Private Hospital)